

Engender Parliamentary Briefing

Scottish Government Debate: The Women's Health Plan 2021-2024 – Progress and Next Steps

12th November 2024

BACKGROUND

The Scottish Government's Women's Health Plan 2021-24 is an important first step toward improving women's health and well-being in Scotland. Engender welcomes the opportunity to reflect on the progress made so far and looks forward to learning more about the Scottish Government's next steps in this vital work.

As final reports on the 2021-24 Plan identify¹, women continue to experience ingrained health inequalities in Scotland. Significant gaps remain in the publicly available intersectional, gender-disaggregated data on women's health in Scotland², which limits our ability to understand the full extent of women's health experiences. This is why it is crucial that work to address women's health inequalities remains a political priority.

We urge MSPs from across the chamber to build on the work delivered by the Women's Health Plan 2021-24 and to ensure longer-term action is taken to actively tackle the ways in which women are being disadvantaged within health systems.

We ask MSPs to raise the following points during the debate:

1. The need for **cross-party commitment to maintain the profile and prioritisation of work to address women's health inequalities**, with the understanding that this will require long-term and sustained work from the Scottish Government.
2. To ask for **further detail to be provided on how Covid-19 has impacted women's health** outcomes and affected the implementation of the Women's Health Plan, including whether this has limited the scale of change delivered.
3. The need for **future work on women's health to take an intersectional approach**, which recognises and addresses minoritised and marginalised women's health experiences. This must include a wider focus of issues, including mental health.
4. Exploring **what funding and investment has been made** to assist in the delivery of the plan and **what accountability measures** or monitoring and evaluation are in place to ensure it is delivered across the country.
5. Support our **call for a new Scottish Institute for Women's Health** to drive changes to policy, guidance and medical training on the basis of sex and gender medicine as well as provide funding to dedicated research into women's health.

¹ <https://www.gov.scot/publications/womens-health-plan-2021-2024-final-report/>

² <https://www.gov.scot/publications/womens-health-plan-review-data-landscape/>

SPECIFIC CONSIDERATIONS

1. Cross-party commitment to women's health

The significant gender health gap women experience in Scotland is a result of generations of biased and exclusionary medical research and ungendered health approaches, which will require time, and sustained systems change to address. We need action beyond short-life, 1-2 term strategies, to tackle women's health inequalities. This work will need to be a core part of the Scottish Government and Parliament's work on health policy for years to come.

We urge MSPs from across the chamber to reach cross-party consensus on the need to for longer-term work that targets women's health inequalities and creates systemic change. The next step is for an all-party commitment to Phase 2 of the Women's Health Plan.

2. Recognising the impact of Covid-19

The Women's Health Plan was delivered in the extremely challenging context of the Covid-19 pandemic, where health and related public services were put under unprecedented stress and pressure. It is important to understand how the pandemic has impacted the implementation of the Plan, and funding available for its delivery. We also know the pandemic has had lasting impacts on women's health and will have changed the baseline of women's health inequalities the 2021-24 Plan was based on. For example:

- Women's mental health deteriorated almost twice as much as men's during the first lockdown. Young women and disabled women were especially likely to report negative impacts on their mental health because of the crisis.³
- Women's experiences of domestic abuse were intensified and shaped by isolation, economic pressures and lack of support services.
- Women have reported higher rates of long Covid.⁴
- Longer-term impacts of breast and cervical cancer screening suspensions, barriers to sexual and reproductive healthcare, and maternity and post-natal support.

We urge MSPs to ask questions on how Covid-19 impacted the delivery of the Women's Health Plan 2021-24, particularly whether it impacted the funding available for delivery and the outcomes secured. These reflections are critical to understanding the work that needs to come next.

3. Building a wider focus and intersectional approach

Women's health inequalities are fundamentally shaped by the other forms of inequality they experience. Groups of minoritised women, including women of colour, LBT women

³ Engender, 2022, Response to the Scottish Government consultation on a new Mental Health and Wellbeing strategy. Available at: <https://www.engender.org.uk/content/publications/Engender-response-to-mental-health-strategy.pdf>; Engender, 2022, Women and the Cost of Living Crisis. Available at: <https://www.engender.org.uk/content/publications/Women-and-the-cost-of-living---updated-copy.pdf>

⁴ <https://www.theguardian.com/society/2021/jun/13/why-are-women-more-prone-to-long-covid>

and disabled women, often experience health inequalities more severely. We need to improve the collection and use of intersectional data and research in the design and delivery of healthcare. This is vital to ensure minoritized women's experiences are understood, their needs effectively met and that their health outcomes meaningfully improve.

We are also asking for the next version of the Plan to look at health inequalities for women in additional areas such as treatment of pain, autoimmune disease, chronic post-viral conditions, bone health, dementia and public health. Mental health is another key area that requires further work, including linking the work of the Women's Health Plan with various other strategies including the Mental Health Delivery Plan 2023-25.

We ask MSPs to work cross-party to ensure that an intersectional approach is integrated throughout the next iteration of the Women's Health Plan so that it effectively improves minoritised and marginalised women's experiences. It must also build in additional areas of focus to fully encompass women's health inequalities, including mental health.

4. Prioritising investment and improving accountability

The creation of high-level strategies such as the Women's Health Plan are essential in raising the profile of women's health inequalities and ensuring leadership and action to tackle them. However, such strategies require significant investment to create systemic change. They are also most effective when they are linked to accountability measures including effective monitoring and evaluation of progress.

We would welcome greater detail on the levels of funding that have followed or been utilised to deliver the Women's Health Plan so far, and what accountability measures and monitoring and evaluation is in place to ensure it is being taken seriously and delivered across the country.

We urge MSPs to ask about the level of investment put into implementing the Women's Health Plan and whether there is adequate funding to create systemic change required. We would also welcome further clarification what on accountability, monitoring and evaluation mechanisms are in place to assess the scale of successful implementation.

5. A Scottish Institute for Women's Health

The 2021-24 Women's Health Plan committed to establishing a Scottish Institute for Women's Health. However, this has not been delivered. Engender has called for all political parties in Scotland to commit to this initiative.⁵

We believe there is a need for a permanent body that can help drive the necessary systemic changes to policy, guidance, and medical training that are needed in the long term to improve women's health experiences and health outcomes. The institute should also make the case for improvements in medical research, specifically how it considers and integrates women's realities.

⁵ Engender, 2024, 8 Steps Towards Women's Equality in Scotland. Available at: <https://www.engender.org.uk/content/publications/8stepstowardswomensequality.pdf>

We ask MSPs to support our ask of the Scottish Government to develop a new Scottish Institute for Women's Health.

For further information on our work on women's health inequalities in Scotland, please see:

- Engender's response to the Health, Social Care and Sport Committee inquiry on health inequalities.⁶
- Engender's response to the Scottish Government consultation on a new Mental Health and Wellbeing strategy.⁷

FOR FURTHER INFORMATION

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ABOUT US

Engender is Scotland's feminist policy and advocacy organisation, working to increase women's social, political and economic equality, enable women's rights, and make visible the impact of sexism on women and wider society. We work at Scottish, UK and international level to produce research, analysis, and recommendations for intersectional feminist legislation and programmes.

⁶ Engender, 2020, Scottish Parliament Health, Social Care and Sport Committee inquiry on health inequalities - Engender briefing on women's health inequalities. Available at: <https://www.engender.org.uk/content/publications/Engender-briefing-on-womens-health-inequalities-for-Health-Social-Care-and-Sport-Committee.pdf>

⁷ Engender, 2022, Response to the Scottish Government consultation on a new Mental Health and Wellbeing strategy. Available at: <https://www.engender.org.uk/content/publications/Engender-response-to-mental-health-strategy.pdf>